

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

FEE AMT.
COSTS
AMOUNT

	CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1							51	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
2							52									
3							53									
4							54									
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44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL NO.							TOTAL NO.									
TOTAL DEP.							TOTAL DEP.									
TOTAL CLAIMS							TOTAL CLAIMS									